George Mason University
Microbiology and Molecular Biology Dept.

GRADUATE COMMITTEE FORMATION

Student (Please print)_____ G-Number_____

Program: _____ Concentration: _____

MS Project Advisory Committee

Printed Name--Chair	Signature	Date
Printed Name	Signature	Date
Printed Name (3rd member for BIOL only)	Signature	Date

MS Thesis Committee

Printed Name--Chair	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

Thesis Committee Department Approval

Department Chair Name	Signature	Date

PHD Dissertation Committee

Printed Name--Chair	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name (4th member for BIOS only)	Signature	Date

Dissertation Committee Department Approval

Program Director Name	Signature	Date